



APPLICATION DATE: \_\_\_\_\_

**BUSINESS LICENSE APPLICATION**

YEAR -F.Y. 2010  
(7-1-2009 to 6-30-2010)

LICENSE NO.: \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

ADDRESS (Local) \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ Location Manager \_\_\_\_\_  
(please print)

ADDRESS (Mailing) \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

TYPE OF BUSINESS (Primary Sales and/or Services)

RETAIL \_\_\_\_\_  
WHOLESALE \_\_\_\_\_  
OTHER \_\_\_\_\_

SOCIAL SECURITY NO. or FEDERAL TAX NO. \_\_\_\_\_

STATE OF MARYLAND PERMIT# \_\_\_\_\_ DATE OF ISSUE \_\_\_\_\_

PRINCE GEORGE'S COUNTY LICENSE# \_\_\_\_\_ DATE OF ISSUE \_\_\_\_\_

WORKER'S COMPENSATION NUMBER# \_\_\_\_\_

INCORPORATED \_\_\_\_\_ UNINCORPORATED \_\_\_\_\_ OTHER \_\_\_\_\_

OFFICERS: \_\_\_\_\_

OWNER(S) \_\_\_\_\_

ISSUING FEE \$ \_\_\_\_\_

THE LICENSE FEE ISSUED UNDER THIS APPLICATION IS \$100.00, PAYABLE TO:  
CITY OF NEW CARROLLTON, COMPLETE AND MAIL THIS FORM AND YOUR PAYMENT TO:  
CITY OF NEW CARROLLTON, 6016 PRINCESS GARDEN PARKWAY, NEW CARROLLTON, MD 20784.  
ATTENTION: CITY BUSINESS LICENSE